

Fill in this information to identify your case:

Debtor 1	James Simmons		
	First Name	Middle Name	Last Name
Debtor 2	Keisha Simmons		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Middle District of Pennsylvania			
Case number (If known)	5:19-bk-01991		

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	New York Department of Taxation and Finance	\$ 0.00	\$ 0.00	\$ 0.00
	Priority Creditor's Name Civil Enforcement Central Office Number Street W.A. Harriman Campus Albany NY 12227 City State ZIP Code	Last 4 digits of account number When was the debt incurred?		
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
2.2	Pennsylvania Department of Revenue	\$ 0.00	\$ 0.00	\$ 0.00
	Priority Creditor's Name PO Box 281041 Number Street Harrisburg PA 17128 City State ZIP Code	Last 4 digits of account number When was the debt incurred?		
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		

Debtor 1

James Simmons

First Name

Middle Name

Last Name

Case number (if known) 5:19-bk-01991

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

					Total claim
4.1	Ars Account Resolution				
	Nonpriority Creditor's Name	Last 4 digits of account number 65**			\$ 536.00
	1643 Nw 136 Ave Bld H St	When was the debt incurred? 2015			
	Number Street				
	Sunrise FL 33323	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans			
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify			
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.2	Ars Account Resolution				
	Nonpriority Creditor's Name	Last 4 digits of account number 13**			\$ 575.00
	1643 Nw 136 Ave Bld H St	When was the debt incurred? 2015			
	Number Street				
	Sunrise FL 33323	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify			
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.3	Ars Account Resolution				
	Nonpriority Creditor's Name	Last 4 digits of account number 20**			\$ 1,153.00
	1643 Nw 136 Ave Bld H St	When was the debt incurred? 2014			
	Number Street				
	Sunrise FL 33323	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans			
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify			
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Debtor 1

James Simmons

First Name Middle Name Last Name

Case number (if known) 5:19-bk-01991

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.4	Ars Account Resolution Nonpriority Creditor's Name 1643 Nw 136 Ave Bld H St Number Street Sunrise FL 33323 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 80** When was the debt incurred? 2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 992.00
4.5	Avante Nonpriority Creditor's Name 3600 S. Gessner Rd, Suite 225 Number Street Houston TX 77063 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 18** When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 1,571.00
4.6	Capital One Bank Usa N Nonpriority Creditor's Name 15000 Capital One Dr Number Street Richmond VA 23238 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number **** When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 533.00

Debtor 1 James Simmons
 First Name Middle Name Last Name

Case number (if known) 5:19-bk-01991

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.7	Capital One Bank Usa N		Last 4 digits of account number ****	
	Nonpriority Creditor's Name			\$ 1,321.00
	15000 Capital One Dr		When was the debt incurred? 2015	
	Number Street			
	Richmond VA 23238		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code		<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify	
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.8	KMB Plumbing & Electrical		Last 4 digits of account number	\$ Unknown
	Nonpriority Creditor's Name		When was the debt incurred?	
	223 Truss Road			
	Number Street			
	Stroudsburg PA 18360		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code		<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input checked="" type="checkbox"/> Disputed	
	Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify	
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
4.9	Ne Pa Community Fcu		Last 4 digits of account number 0***	\$4,953.00
	Nonpriority Creditor's Name		When was the debt incurred? 2016	
	337 Clay Ave			
	Number Street			
	Stroudsburg PA 18360		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code		<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify	
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			

Debtor 1

James Simmons

First Name Middle Name Last Name

Case number (if known) 5:19-bk-01991

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.10	Thd/Cbna	
Nonpriority Creditor's Name		
Po Box 6497		
Number Street		
Sioux Falls SD 57117		
City State ZIP Code		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number 8936 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		\$ 1,338.00
4.11	Thd/Cbna	
Nonpriority Creditor's Name		
Po Box 6497		
Number Street		
Sioux Falls SD 57117		
City State ZIP Code		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number 8332 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		\$ 2,301.00
4.12	Wakefield & Associates	
Nonpriority Creditor's Name		
7005 Middlebrook Pike		
Number Street		
Knoxville TN 37909		
City State ZIP Code		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Last 4 digits of account number **** When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		\$ 605.00

Debtor 1 James Simmons
 First Name Middle Name Last Name

Case number (if known) 5:19-bk-01991

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.13	Webbank/Fingerhut	Last 4 digits of account number 9760		\$ 676.00
Nonpriority Creditor's Name		When was the debt incurred? 2016		
6250 Ridgewood Rd				
Number	Street			
Saint Cloud MN 56303		As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.			Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
		Last 4 digits of account number		\$
Nonpriority Creditor's Name		When was the debt incurred?		
Number	Street			
City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		
		Last 4 digits of account number		\$
Nonpriority Creditor's Name		When was the debt incurred?		
Number	Street			
City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one.		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		

Debtor 1 James Simmons
 First Name Middle Name Last Name

Case number (if known) 5:19-bk-01991

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name _____

 Number Street

 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1

James Simmons

First Name

Middle Name

Last Name

Case number (if known) 5:19-bk-01991

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 0.00

Total claim**Total claims
from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 16,554.00

6j. Total. Add lines 6f through 6i.

6j. \$ 16,554.00